

NMCP COVID-19 Report #7: Tuesday, 21 April 2020

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Disclaimer: I am not a medical professional. This document is current as of the date noted above. While I make every effort to find and summarize available data, things are changing rapidly, with new research and potentially conflicting literature published daily. Best practice and evidence are constantly shifting during this international public health crisis.

Reports are biweekly, planned for Tuesdays and Fridays.

Statistics (as of Tuesday, 21 April 2020 at 1200)

Global: 2,501,156 confirmed cases, 171,810 deaths in 185 countries/regions	
<p><i>United States</i></p> <p>JHU CSSE</p> <p>Total confirmed cases: 788,920 NY: 253,400 NJ: 88,806 MA: 39,643 VA is ranked 18th Total deaths: 42,458 NY: 18,653 NJ: 4,520 MA: 1,809 Total tested: 4,026,572 NY: 633,861 NJ: 178,057 MA: 169,398</p> <p>Dept VA</p> <p>Positive Cases: 5,588 Inpatient Deaths: 357</p>	<p><i>Virginia</i></p> <p>VHHA</p> <p>Ventilators: 2,887 on hand; 629 in use (22%) Bed availability: 5,465</p> <p>VA DOH</p> <p>Total tested: 58,354</p> <p>Total cases / hospitalizations / deaths: state: 9,630 / 1,581 / 324 region: Chesapeake: 176 / 39 / 5 Hampton: 92 / 26 / 1 Newport News: 101 / 32 / 6 Norfolk: 118 / 28 / 3 Portsmouth: 82 / 28 / 4 Suffolk: 111 / 24 / 2 Virginia Beach: 288 / 60 / 8</p> <p>Dept VA</p> <p>Positive Cases (3 facilities): 117 Hampton, VA: 52 Inpatient Deaths (3 facilities): 4 Hampton, VA: 1</p>

Evidence Summary: Telehealth for Substance Use Disorders (SUD)

Telehealth for SUD

A 2019 systematic review looked at telemedicine in SUD and covers the literature to that point ([J Subst Abuse Treat](#)). A study by Huskamp and colleagues of telehealth in SUD treatment found only 1.4% of all telemedicine visits were for SUD. Of those telehealth SUD visits, 81.3% were for outpatient settings. "Approximately 14.5% of tele-SUD visits were psychotherapy visits, 41.7% were initial evaluations for a new patient, 32.9% were established patient visits, and 10.9% were unspecified services" ([Health Aff](#) [Huskamp]).

COVID-19 and SUD

In a blog post, Nora Volkow (director of NIH's National Institute on Drug Abuse) states:

"We know very little right now about COVID-19 and even less about its intersection with substance use disorders. But we can make educated guesses based on past experience that people with compromised health due to smoking or vaping and people with opioid, methamphetamine, cannabis, and other substance use disorders could find themselves at increased risk of COVID-19 and its more serious complications—for multiple physiological and social/environmental reasons. The research community should thus be alert to associations between COVID-19 case severity/mortality and substance use, smoking or vaping history, and smoking- or vaping-related lung disease. We must also ensure that patients with substance use disorders are not discriminated against if a rise in COVID-19 cases places added burden on our healthcare system." ([NIDA](#))

The COVID-19 pandemic may have profound impacts on patients with opioid use disorder in particular, requiring changes to policies and practice to meet their needs ([Health Aff](#) [Priest]).

Numerous organizations related to SUD and addiction medicine have coronavirus-specific pages that may be of value; see below additional resources for a selected list.

COVID-19, SUD, and Telehealth

There have been increasing calls for expanded telehealth options in general, but especially in mental health settings and in response to the COVID-19 pandemic ([Psychiatric Times](#)). New guidance from the Substance Abuse and Mental Health Services Administration "strongly recommends use of telehealth and/or telephonic services to provide evaluation and treatment of patients" during the pandemic ([SAMHSA](#)). On March 31, SAMHSA and the Drug Enforcement Administration released guidance that allows for flexibility in prescribing buprenorphine to new and existing patients via telephone ([DEA](#)).

For a collection of other citations in PubMed that may be of interest, see:

<https://www.ncbi.nlm.nih.gov/sites/myncbi/tracy.shields.1/collections/59531930/public/>

Additional Resources

- American Psychiatric Association practice guidance for COVID-19 page that has sections on telehealth/telepsychiatry, substance use disorders, and other guidance:
<https://www.psychiatry.org/psychiatrists/covid-19-coronavirus/practice-guidance-for-covid-19>
- NAADAC coronavirus disease (COVID-19) resources page includes webinars and other telehealth resources specific to substance use disorder and addiction medicine:
<https://www.naadac.org/covid-19-resources>
- NIH National Institute on Drug Abuse COVID-19 resources page:
<https://www.drugabuse.gov/related-topics/covid-19-resources>
- SAMHSA coronavirus (COVID-19) page that includes resources, guidance, and training support: <https://www.samhsa.gov/coronavirus>

Evidence Summaries: Other Sources

CEBM: What is the effectiveness of protective gowns and aprons against COVID-19 in primary care settings? (16 April 2020)

"This review found no relevant trials comparing the effectiveness of gowns against aprons. Exposure simulation studies suggest that the risk of exposure in healthcare workers is greater with aprons than with gowns but do not provide sufficient data to quantify those risks in the context of primary or community care activity. The WHO recommends long-sleeved non-sterile gowns and gloves for both aerosol-generating procedures (AGPs) and non-AGPs. The US CDC has suggested using aprons over gowns as an additional measure to provide protection from contamination of garments during aerosol generating procedures.

Properly used protective clothing is only one component of a package of personal protective measures (which also includes gloves, mask, eye protection and hand washing / disinfection)."

COVID-19 Registries

Numerous organizations have set up research or clinical registries to capture data from the COVID-19 pandemic. Of note:

- American Academy of Dermatology (AAD) COVID-19 dermatology registry:
<https://www.aad.org/member/practice/coronavirus/registry>
- American Academy of Pediatrics (AAP) Section on Neonatal Perinatal Medicine (SONPM) National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection:
<https://redcap.ctsi.ufl.edu/redcap/surveys/?s=FY44J48D9F>

- American College of Surgeons (ACS) COVID-19 registry: <https://www.facs.org/quality-programs/covid19-registry>
- American Heart Association (AHA) COVID-19 CVD registry: <https://www.heart.org/en/professional/quality-improvement/covid-19-cvd-registry>
- American Society for Microbiology (ASM) COVID-19 research registry (basic virology, treatment, epidemiology, clinical diagnostics, prevention general reviews): <https://asm.org/COVID/COVID-19-Research-Registry/Home>
- American Society of Clinical Oncology (ASCO) survey on COVID-19 in oncology registry: <https://www.asco.org/asco-coronavirus-information/coronavirus-registry>
- American Society of Hematology Research Collaborative (ASH RC) COVID-19 registry for hematologic malignancy: <https://www.ashresearchcollaborative.org/covid-19-registry>
- Coronavirus Under Research Exclusion (CURE HIV-COVID) reporting database: <https://hivcovid.org/>
- COVID-19 Global Rheumatology Alliance registries: <https://rheum-covid.org/>
- OTIS/MotherToBaby coronavirus (COVID-19) in pregnancy registry: <https://mothertobaby.org/ongoing-study/coronavirus-covid-19/>
- Pediatric Infectious Diseases Society (PIDS) USA pediatric COVID-19 registry: <http://www.pids.org/news/764-usa-pediatric-covid-19-registry.html>
- Society of Critical Care Medicine (SCCM) Discovery Viral Infection and Respiratory Illness Universal Study (VIRUS) COVID-19 registry: <https://www.sccm.org/Research/Research/Discovery-Research-Network/VIRUS-COVID-19-Registry>
- Surveillance Epidemiology of Coronavirus Under Research Exclusion (SECURE-IBD): <https://covidibd.org/>
- University of California San Francisco (UCSF) Pregnancy coRonavirus Outcomes RegisTrY (PRIORITY): <https://priority.ucsf.edu/>

Recent Literature

[MMWR](#): Cleaning and Disinfectant Chemical Exposures and Temporal Associations with COVID-19 — National Poison Data System, United States, January 1, 2020–March 31, 2020 (20 April 2020)

This report looks at possible associations with COVID-19 cleaning recommendations and reports of chemical exposures to poison control centers via surveillance. The authors note a sharp increase in calls to poison control centers for cleaners like bleach and disinfectants such as hand sanitizers. It also describes 2 cases that illustrate exposure to cleaning products related to COVID-19 concerns.

"During January–March 2020, poison centers received 45,550 exposure calls related to cleaners (28,158) and disinfectants (17,392), representing overall increases of 20.4% and 16.4% from January–March 2019 (37,822) and January–March 2018 (39,122), respectively."

Clin Infect Dis: The characteristics of household transmission of COVID-19 (17 April 2020)

This is a cohort study of 105 index patients and 392 household contacts for COVID-19 in Wuhan, China. The attack rate in spouses was 27.8% and 17.3% in other household members; the rate varied from 17.1% in adults to 4% in children. They found that the secondary attack rate of SARS-CoV-2, the virus that causes COVID-19 illness, was higher than that of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and pandemic H1N1 influenza in 2009.

JAMA: Symptom Screening at Illness Onset of Health Care Personnel With SARS-CoV-2 Infection in King County, Washington (17 April 2020)

In this research letter, the authors note the type of symptoms at onset of COVID-19 in healthcare providers (HCPs) in King County, Washington. They interviewed 48 HCPs; 37 (77.1%) had direct patient care. They worked in settings such as long-term care facilities (24 [50.0%]), outpatient clinics (13 [27.1%]), and acute care hospitals (6 [12.5%]).

"The most common initial symptoms were cough (24 [50.0%]), fever (20 [41.7%]), and myalgias (17 [35.4%]). Eight of the HCP (16.7%) did not report fever, cough, shortness of breath, or sore throat at symptom onset; among this group, the most common symptoms were chills, myalgia, coryza, and malaise."

They state the importance of what screening includes: "In this cohort, screening only for fever, cough, shortness of breath, or sore throat might have missed 17% of symptomatic HCP at the time of illness onset; expanding criteria for symptoms screening to include myalgias and chills may still have missed 10%."

NEJM: Clinical Characteristics of Covid-19 in New York City (17 April 2020)

This is a retrospective case series of the first 393 patients with COVID-19 admitted to 2 hospitals in New York City. The most common symptoms included cough (79.4%), fever (77.1%), shortness of breath (56.5%), muscle pain (23.8%), diarrhea (23.7%), and nausea and vomiting (19.1%). The authors note that 35.8% of patients were obese.

Looking for other recent literature? Try LitCOVID – it's a curated literature hub from the National Library of Medicine's Computational Biology Branch for tracking up-to-date scientific information about the 2019 novel coronavirus. See:

<https://www.ncbi.nlm.nih.gov/research/coronavirus/>

In Brief

The American College of Emergency Physicians has published a COVID-19 field guide ([ACEP](#)).

The Financial Times has a visualization tracking coronavirus and global deaths (rolling 7-day average) by country, urban epicenters, and other regions ([FT](#)).

Johns Hopkins School of Education Center for Safe and Healthy Schools has published guidelines for first responders such as security forces specific to COVID-19 ([JHU](#)).

The largest outbreak of COVID-19 in the US is in a central Ohio prison ([Columbus Dispatch](#)).

Ventilators & PPE

General Electric (GE) will supply the federal government with 50,000 ventilators by July 13, under a new \$336 million contract with the Department of Health and Human Services ([HPN](#)).

Testing

There are growing concerns about the rate of false negative results (i.e., patients have obvious signs and symptoms but the test says they are not infected) for a rapid SARS-CoV-2 test developed by Abbott Laboratories ([STAT](#)).

Serological tests for antibodies, which are essential in plans to reopen, may be too inaccurate or misused, especially in point-of-care settings ([NYTimes](#)).

One analysis estimates at least 500,000 tests every day will be required to start phased opening of the economy ([HGHI](#)).

Research

The NIH has partnered with 16 pharmaceutical companies to form Accelerating Covid-19 Therapeutic Interventions and Vaccines (ACTIV). The initiative is "meant to standardize research between the federally funded researchers and a broad array of drug companies, and prioritize research into drugs and vaccines that are having high near-term potential" ([STAT](#)).

Looking Ahead

Planned for upcoming reports: reopening and returning to normal operations; special topic on ethics; pandemic podcasts; and any other submitted requests.

References

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<https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>

JHU CSSE: Johns Hopkins Center for Systems Science and Engineering. Coronavirus COVID-19 Global Cases. Link: <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html>

VA DOH: Virginia Department of Health. COVID-19 in Virginia, updated daily. Link:

<http://www.vdh.virginia.gov/coronavirus/>

VHHA: Virginia Hospital and Healthcare Association. Virginia Hospital COVID-19 Dashboard (updated daily) Link: <https://www.vhha.com/communications/virginia-hospital-covid-19-data-dashboard/>

Evidence Summary: Telehealth for Substance Use Disorders

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Columbus Dispatch: Catherine Candisky, The Columbus Dispatch and Sarah Volpenhein, Marion Star. Marion prison becomes nation's leading coronavirus hotspot as advocates demand action (20 April 2020). Link: <https://www.dispatch.com/news/20200420/marion-prison-becomes-nationrsquos-leading-coronavirus-hotspot-as-advocates-demand-action>

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